

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/628056</u>	FILED DATE <u>1</u>
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7		6		6		6	57	
8		6		6		6	58	
9		6		6		6	59	
10	1	6	1	6		6	60	
11		6					61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	35		14		29		TOTAL IND.	
TOTAL DEP.	36		15		30		TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	